

List all Student's Names

Student Name _____

Student Name _____

Student Name _____

Student Name _____

Father's Employer & Phone _____

May we call a physician to attend the above student in case of emergency if a parent or guardian can not be contacted? _____

Name & phone of physician preferred _____

THE SCHOOL DOES NOT PAY PHYSICIAN FEES OR MEDICAL EXPENSES OF STUDENTS WHO ARE INJURED AT SCHOOL OR AT SCHOOL SPONSORED ACTIVITIES.

Students may not be released from a school-sponsored activity without permission of a parent or other authorized adult. If an emergency room requires that this student be dismissed and a parent cannot be reached, the school may call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of Parent or Guardian _____ Date _____

PARENTS MUST INFORM THE SCHOOL OF ANY MEDICATION A STUDENT TAKES CONTINUOUSLY (C.E.C. 12020)

No medication may be given to a student by other than that student's parent or legal guardia unless (A) the medication is properly labeled and in its original container, and (B) a note signed by the student's physician accompanies the medication with specific instructions as to how and when the medication is to be administered to the student.

AGREE _____ **DISAGREE** _____

Signature of Parent or Guardian _____ Date _____

Sign and date ONLY ONE of the following:

In case of an emergency when authorized people cannot be reached, the school may take whatever action is reasonable and appropriate under the circumstances for the welfare of the student.

Signature of Parent or Guardian _____ Date _____

OR

In case of an emergency when authorized people cannot be reached, the school personnel are neither to render nor arrange for medical treatment other than first aid.

Signature of Parent or Guardian _____ Date _____